

ACH VENDOR AUTHORIZATION FORM INSTRUCTIONS

SECTION 1. TRANSACTION TYPE (Required)

Note: Any requests for ACH payments into multiple accounts should be submitted to the GAO Vendor Setup Section. The State Comptroller will determine on a case-by-case basis whether to approve ACH payments to multiple accounts.

- **New Setup.** Check the new setup box. Complete Sections 2 and 3, and have your financial institution complete Section 4.
- **Change.** Check the applicable box (e.g., change financial institution, change account number or change account type.) Complete Sections 2 and 3, and have your financial institution complete Section 4.
- **Cancellation.** Check the cancellation box. Complete Sections 2, 3 and 5.

SECTION 2. PAYEE IDENTIFICATION (Required)

Complete blocks 1, 2, 3, 4, and 5, which are self-explanatory.

SECTION 3. AUTHORIZATION FOR SETUP, CHANGES, OR CANCELLATION (Required)

Complete blocks 7-9.

SECTION 4. FINANCIAL INSTITUTION (Required for new requests and changes)

IMPORTANT: Discuss with your financial institution whether your financial institution can process CTX transactions. CTX (Corporate Trade Exchange) is a type of record layout and size format controlled by the ACH rules which will allow up to 9,999 addenda records per payment record. This document format determines the ability to transfer information. If your financial institution cannot process CTX transactions, you may not be able to receive the information that will accompany the payment (invoice number, date, agency paying, etc). You will want to consider this in determining whether or not to participate in State ACH payments at this time.

Have your financial institution complete blocks 10-21, which are self-explanatory. This is to verify the name of your financial institution, the routing transaction identifier and your account number.

If a State employee, attach a canceled check. You do not need to have bank authorization for a checking account, but will need it if payment is going to a savings account.

SECTION 5. CANCELLATION (Required for cancellations)

Please indicate the reason(s) for canceling your ACH authorization.

SECTION 6. GAO USE ONLY – DO NOT COMPLETE

Blocks 23 – 28 are to be completed by the GAO only.

